

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09936697

FILING DATE

APPLICANT(S)

11-29-03 6-2-09 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			2		3	
TOTAL DEP.			1		3	
TOTAL CLAIMS			3		6	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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